

## **CITY OF KINSTON**

## **GROUP HEALTH COVERAGE**

## **WAIVER- AGREEMENT**

I, have been offered medical coverage through the City of Kinston's Group Health Plan available to all eligible employees. It is in my best interest to reject the Group Health Plan offered by the City of Kinston.
I understand that the option to waive coverage will only be permitted after I have presented creditable proof of existing medical coverage under another plan. Such coverage may be provided by another entity, my spouse, or myself. Proof of coverage documentation is attached.
Based on my decision to waive coverage with the City, I will not have group health coverage provided by the City, nor will the City be responsible in any way for my group health premiums, or any health claims that I may incur.
I further understand and agree, based on tis waiver of coverage, that the City will not pay any additional compensation to me in lieu of health care. I further understand that I will not be able to enroll in the City's Group Health Plan during this plan year unless there is a qualifying event as defined under section 125 of the Internal Revenue Service Code.
I understand that I may elect the City's Group Health Plan for the next plan year during the open enrollment process without meeting the above indicated conditions.
I also understand that if, or when I do enroll for medical coverage through the City of Kinston's Group Health Plan, that I, or my eligible dependents I choose to cover will not be covered for any pre-existing medical condition(s) until I have been continuously insured and paying medical premiums for a period of twelve months, unless I meet the Federal law requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).
The effective date of this action is:/
EMPLOYEE SIGNATURE DATE
NOTARY PUBLIC CERTIFICATION: State of County of
I, as a Notary Public of said State and County, do hereby certify that, personally appeared before me and executed the foregoing instrument.
Witness my hand and seal this, day of, 20
Signature of Notary My Commission expires